

We ask that completed forms be returned to: NC Solid Waste Section, 1646 Mail Service Center, Raleigh, NC 27699 or by email. If you have questions or require assistance in completing this report, contact Ethan Brown (ethan.brown@ncdenr.gov or 919.707.8249).

Facility Name: City of Bristol Virginia Solid Waste Management Facility Permit: SWP 588

Facility Website (URL): _____

Physical Address	Mailing Address
Street 1: <u>2125 Shakesville Rd</u>	Street 1: <u>2125 Shakesville Rd.</u>
Street 2: _____	Street 2: _____
City: <u>Bristol</u> County: _____	City: <u>Bristol</u>
State: <u>Virginia</u> Zip: <u>24201</u>	State: <u>Virginia</u> Zip: <u>24201</u>



Primary Facility Contact Person	Secondary Facility Contact Person
Name: <u>Allen J Morris</u>	Name: _____
Phone: <u>(276) 645-7216</u> Fax: <u>(276) 591-5337</u>	Phone: _____ Fax: _____
Email: <u>amorris@bristolva.org</u>	Email: _____

1. What type of facility is this?

☒ Municipal Solid Waste Landfill

☐ Transfer Station

☐ Construction & Demolition Landfill

☐ Treatment and Processor

☐ Industrial Landfill

☐ Materials Recovery

☐ Other (specify) _____

2. If this facility is a Transfer Station, Treatment and Processor, or Materials Recovery Facility, please indicate the facility(s) that received your non-recycled waste material:

NAME, PERMIT #, and LOCATION (city, state) of FACILITY	Facility Type	Tons
TOTAL		

3. Total waste received at this facility during the period of July 1, 2013, through June 30, 2014 from NORTH CAROLINA COUNTIES.
Indicate **tonnage** received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION.

[illegible]

Grand Total	12,548.96
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Return completed forms to:

Ethan Brown
NC Solid Waste Section
1646 Mail Service Center
Raleigh, NC 27699-1646

Or by e-mail:
ethan.brown@ncdenr.gov

CERTIFICATION: I certify that the information provided is an accurate representation of the activity at this facility.

Signature:

Date: Sep 10, 2014

Name: Allen J. Morris

Title: Solid Waste Manager

Phone Number: (276) 645-7216

Email: amorris@bristolva.org